



The linkages and evidence between diet and behaviour


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Session outline

- The gut microbiome
- The gut/brain axis
- Gut function and diet > behaviour linkages
 - Continence issues: Constipation, diarrhoea
 - Medical challenges: Reflux, coeliac disease
 - Food allergies
 - Food intolerances (inc. food chemical intolerance)
 - Mental health
- Feeding difficulties and mealtimes challenges
- Micronutrient and macronutrient deficiency
- Optimal dietary patterns for gut function
- Case study



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Behaviour

...“the way in which one acts or conducts oneself, especially towards others”

...“the way in which a person behaves in response to a particular situation or stimulus”

How an individual thinks and feels > govern behaviour

Challenging, undesirable behaviours that impair function in some manner

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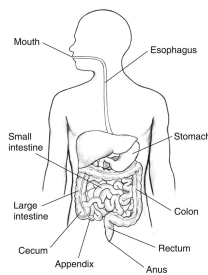
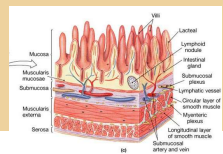
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Gut health, function and behaviour

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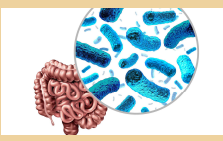
The Gastrointestinal Tract (gut)



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The Gut Microbiome



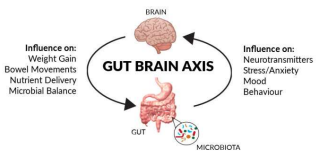
- Bacterial eco-system within the gut
- Genetics, starts to be built in the womb, birth method, early feeding practices, environment, antibiotic use, diet
- Digestion, nutrient absorption, metabolism, weight, immunity, disease risk, brain function, mood
- Diet = most modifiable factor

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Diet, the gut and mental health

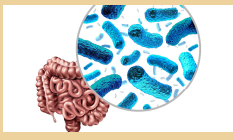
- The gut-brain axis: bio-directional link between CNS and ENS
- <https://www.futurelearn.com/courses/food-and-mood>



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Dietary patterns to support the gut microbiome



- Traditional dietary patterns (whole foods, rich in fish, nuts, seeds, wholegrains, legumes, olive oil, fermented dairy, limited red meat)
- Diet that is rich in dietary fibres (fruit, vegetables, nuts, seeds, wholegrains, fermented foods)
- Prebiotics
- Probiotics – foods and supplements

Prebiotic foods

Vegetables	Jerusalem artichokes, chicory, garlic, onion, leek, shallots, spring onion, asparagus, beetroot, fennel bulb, green peas, snow peas, sweetcorn, savoy cabbage
Legumes	Chickpeas, lentils, red kidney beans, baked beans, soybeans
Fruit	Custard apples, nectarines, white peaches, persimmon, tamarillo, watermelon, rambutan, grapefruit, pomegranate, Dried fruit (eg. dates, figs)
Bread / cereals / snacks	Barley, rye bread, rye crackers, pasta, gnocchi, couscous, wheat bran, wheat bread, oats
Nuts and seeds	Cashews, pistachio nuts, flax seed

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Bowels and continence

- Type
- Frequency
- Size
- Food particles
- Medications
- Hx of constipation
- Overflow
- Sensations and interoception



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Gut-related medical conditions and behaviour

- Irritable bowel syndrome
- Coeliac disease
- Gastroesophageal reflux disease
- Eosinophilic oesophagitis
- Delayed gastric emptying and transit
- Enzyme deficiencies
- Inflammatory bowel diseases (Crohn's disease, Ulcerative Colitis)
- Short bowel syndrome
- Faecal incontinence
- Bowel cancer
- Bowel obstructions



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Vomiting Reflux/GORD

- Nausea – may or may not be able to determine this, pain threshold
- Vomiting – food aversion, malnutrition, time
- GORD – high prevalence (>50% in people with a disability)
- GORD in non-verbal individuals:
- <https://www.autismspeaks.org/expert-opinion/acid-reflux-qa-gi-specialist-tim-buie>



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Pica

- The ingestion of non-food items, sometimes in large quantities
- Iron, zinc deficiency
- Medication malabsorption
- Lead poisoning
- Gastrointestinal issues
- Mouth or teeth injuries



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Food allergies/intolerances and behaviour

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Adverse Food Reactions

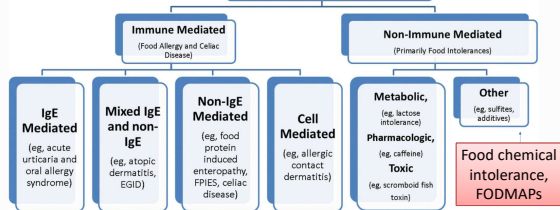


Image source: Anvari, S., Miller, L., Yeh, C.Y. et al. IgE-Mediated Food Allergy. *Clinic Rev Allergy Immunol* 57, 244–260 (2019).
<https://doi.org/10.1007/s12016-018-8710-3>

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Food allergies and intolerances and behaviour

- Prevalence: 4-8% of children under 5 years of age, 10% of children aged under one
- IgE vs non-IgE
- Signs and symptoms

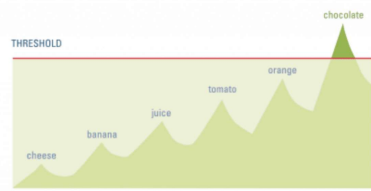
Behaviours that you might see secondary to food allergy and intolerances

- Food refusal or avoidance (pain, hives, gastrointestinal symptoms)
- Fear of eating (trauma responses)
- Nutritional deficiency due to limited diet
- Sleep difficulties
- Attention difficulties
- Fears or avoidance of social situations

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Food chemical intolerance and behaviour

- Salicylates
- Amines
- Glutamates
- Preservatives



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Mealtimes behaviours

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Mealtimes behaviours

- Avoidance of coming to the table
- Leaving the table (at the sight of food, or shortly into the meal)
- Meltdowns
- Avoidance of specific foods
- Throwing food and/or cutlery and crockery
- Fatigue/lethargy/disengagement at the meal
- Asking (persisting) for an alternative food option – either prepared at home or take away option
- Use of device at the meal
- Requiring a specific set up (e.g. chair, plate, bowl)

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Nutritional deficiencies, malnutrition, sub-optimal intake and impact on behaviour



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Undernutrition and overnutrition in people with disabilities

Feeding difficulties

- 50-90% of children with ASD experience feeding difficulties
- 57-92% of children with CP experience feeding difficulties

Malnutrition

- Physiological impacts
- Motor function
- Neurological function
- Psychological function



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Micronutrient deficiencies and behaviour

Nutrient	Common sources	Behavioural link
Vitamin D	Sunlight, mushrooms exposed to UV light, egg yolks, liver, fish oils, fortified foods	ADHD behaviours, Bone and muscle pain, rickets (soft, weakened bones) in children, depression and schizophrenia in adults Adolescents: Externalising problems scores in adolescence, potentially due to higher aggressive and rule-breaking behavior (Robinson et al., 2009)
Iron	Red meat, pork, chicken, fish & shellfish, lentils, beans, soy products, leafy green vegetables, raisins, wholegrain cereals, fortified cereals & grain products, peanuts, dates, eggs	Behavioural disturbances in children: irritable, disruptive, have a short attention span and lack interest in the surroundings (Mahajan, 2011) Tiredness, fatigue, loss of attention, reduced social skills, poor cognitive development
B12	Liver, kidney, milk, eggs, fish, cheese, muscle meats. Fortified nutritional yeast	Depression (possible link) Neuropsychiatric symptoms such as delirium, mood disorders, psychosis, and Alzheimer's dementia
Magnesium	Seeds, nuts, legumes, milled cereal grains, dark green vegetables	Tremors, muscle spasms, personality changes, anorexia, nausea and vomiting, bone metabolism, ADHD behaviours
Folate	Fortified cereals, liver, mushrooms, green leafy vegetables (spinach, asparagus and broccoli), lean beef, potatoes, wholegrain bread, orange juice, dried beans	General weakness, depression and polyneuropathy, poor growth
Zinc	Oysters, beef, crab, beef patty, breakfast cereal (fortified), pork chop, baked beans, chicken, dark meat (higher), yoghurt, cashews, chickpeas, cheese, oats, milk, almonds, kidney beans, peas	Growth retardation, loss of appetite, and impaired immune function, hair loss, diarrhoea, weight loss, delayed healing of wounds, taste abnormalities, mental lethargy

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Case study: Mike



- 8 year old male with ASD
- Verbal but some difficulties with speech clarity
- Reason for referral: Fussy eating
- Attends mainstream school
- Reports that he doesn't eat much at school
- Significant history of constipation
- Frequent coughs and colds. Mum thinks he has low immunity
- Mum sends water to school but he never drinks it. He drinks only juice at home
- Mum reports that he won't eat any fruit or vegetables other than hot chips
- Mum mainly feeds him at home while he's watching YouTube
- Tends to eat only white foods e.g. bread, chicken nuggets, chips
- NDIS participant – referred by mum

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Optimal dietary and mealtime patterns to
positively influence behaviour, mental
health and cognitive function

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Summary

- Very important to consider diet as an underlying function when assessing behaviour!
- Consider prevalence of feeding difficulties as a function of behaviour
- Emerging evidence in relation to mental health and dietary intake
- Aim for diversity in dietary intake to support microbiome (including prebiotic and probiotic foods)
- Pattern of food and fluid intake across the day
- Review continence and medical issues
- Screen for food variety and volume
- Refer to Dietitian for assessment

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- Client referrals
- Clinical supervision for AHPs
- Training for AHPs
- Business coaching



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Linkedin: <https://www.linkedin.com/in/maddie-todd-641728211/>

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Further readings and references

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Questions?

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